



In 1645

PATENT

's Docket <u>U 013365-9</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sunil KUMAR, et al

Serial No.: 09/821,782 Group No.: 1645

Filed: March 29, 2001 Examiner.: Suryaprabha Chunduru

For: UNIVERSAL PRIMERS FOR WILDLIFE IDENTIFICATION

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

WARNING: Failure to file a complete response in compliance with $\S 1.135(c)$ leads to a reduction in patent term adjustment - See $\S 1.704(c)(7)$.

1. Transmitted herewith is an amendment for this application.

STATUS

| 2. | The ap | plication is qualified as | | |
|-------------|-------------|---|----------------|--|
| | | a small entity. | | |
| | ⊠ | other than a small entity. | | |
| | | CERTIFICATION UNDER | 37 C.F.R. 1 | .8(a) and 1.10* |
| | | (When using Express Mail, the Expres | ss Mail label | l number is mandatory ; |
| | | Express Mail certific | cation is opti | ional.) |
| I hereby | certify tha | at, on the date shown below, this corresponde | nce is being | : |
| | | MAIL | ING | |
| \boxtimes | deposited | d with the United States Postal Service in an e | nvelope add | ressed to the Commissioner for Patents, P. O. Box |
| | • | exandria, VA 22313-1450. | | |
| | 1 150, 111 | 37 C.F.R. 1.8(a) | | 37 C.F.R. 1.10* |
| ⊠ | with suff | ficient postage as first class mail. | | as "Express Mail Post Office to Address" Mailing Label No (mandatory) |
| | | TRANSM | ISSION | |
| | | | | |
| | transmitt | ted by facsimile to the Patent and Trademark | Office. to (7 | 703) 872-9306 |
| Date: | March | 28, 2006 | Signa | ture |
| | | | | CI/IFFORD J. MASS on print name of person certifying) |
| | | | (JPC) | |

Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Amendment Transmittal-page 1 of 4) 9-19

| | | | | EXTENSION OF TERM | | | | | |
|---------|--|--|---------------------------------------|--|--------------------------------------|--|--|--|--|
| NOTE: | "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period. | | | | | | | | |
| | entry o period | f a Notice of App unless the timely en filed within th | oeal or filing an v-filed response | er a Final Office Action, an extension d/or entry of an additional amendment placed the application in condition for ntutory period, the period has ceased to | after expiration of allowance. Of co | of the shortened statutory ourse, if a Notice of Appeal | | | |
| NOTE: | See 37 C.F.R. §1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings. | | | | | | | | |
| NOTE: | 37 C.F.R. § 1.704(b)" an applicant shall be deemed to have failed to engage in reasonable efforts to conclude processing or examination of an application for the cumulative total of any periods of time in excess of three months that are taken to reply to any notice or action by the Office making any rejection, objection, argument, or other request, measuring such three-month period from the date the notice or action was mailed or given to the applicant, in which case the period of adjustment set forth in § 1.703 shall be reduced by the number of days, if any, beginning on the day after the date that is three months after the date of mailing or transmission of the Office communication notifying the applicant of the rejection, objection, argument, or other request and ending on the date the reply was filed. The period, or shortened statutory period, for reply that is set in the Office action or notice has no effect on the three-month period set forth in this paragraph." | | | | | | | | |
| 3. | Thep | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. | | | | | | | |
| | (complete (a) or (b), as applicable) | | | | | | | | |
| | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked | | | | | | | | |
| | Extension (months) | | 1 | Fee for other than small entity | | Fee for small entity | | | |
| | | one mont | h | \$ 120.00 | \$ | 60.00 | | | |
| | | two months | | \$ 450.00 | \$ | 225.00 | | | |
| | | three months | | \$ 1,020.00 | \$ | 510.00 | | | |
| | | four months | | \$ 1,590.00 | \$ | 795.00 | | | |
| | | ☐ five months | | \$ 2,160.00 | | \$ 1,080.00 | | | |
| | | | | Fee: \$ | | | | | |
| If an a | ddition | al extension | of time is r | equired, please consider this a | petition there | efor. | | | |
| | | | (check and | complete the next item, if appl | licable) | | | | |
| | An extension for months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extensi now requested. | | | | | | | | |

OR

Extension fee due with this request \$ _____

| (b) | \boxtimes | Applicant believes that no extension of term is required. However, this is a |
|-----|-------------|---|
| | | conditional petition being made to provide for the possibility that applicant has |
| | | inadvertently overlooked the need for a petition for extension of time. |

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (| Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | | |
|------------------|----|---|---------------------------------------|------------------|-----------------|---------------|--------|------------------------------|---------------|--|
| | Re | Claims emaining After nendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | O R | Rate | Addit. Fee | |
| Total | * | Minus | ** | = | x \$ 25 | \$ | | x \$ 50= | \$ | |
| Indep. | * | Minus | *** | = | x \$ 100 | \$ | | x \$ 200 | \$ | |
| □First Claims | | ntation of N | Multiple Depend | dent | + \$180= | \$ | | + \$360= | \$ | |
| | | | | | otal it. Fee | \$ | O R | Total Addit. Fee | \$ | |

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

WARNING:

"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

OR

| (d) | | Total additional fee for claims required \$ |
|-----|--|---|
|-----|--|---|

FEE PAYMENT

| 5. | Attached is a check in the sum of \$ |
|----|--|
| | Charge Account No. 12-0425 the sum of \$ |
| | A duplicate of this transmittal is attached. |

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col.

1 of a prior amendment or the number of claims originally filed.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. \Box If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

☐ If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

Refund any overpayment to Account No. 12-0425.

SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

(type or print name of practitioner)

P.O. Address

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00140

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